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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000038695 (1)

1. Corporation Name

TALL FASHIONS BY FRAN, INC.

Principal Place of Business

Mailing Address

1724 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629

1724 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629-5813



3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4038 W KENNEDY BLVD  
Suite, Apt. #, etc.

26 4038 W KENNEDY BLVD  
Suite, Apt. #, etc.

4. FEI Number

59-3181423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

22 A  
City & State

27 A  
City & State

23 TAMPA FL  
Zip

28 TAMPA FL  
Zip

24 33609  
Country

29 33609  
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, FRAN  
1724 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4038 W KENNEDY BLVD

84

City TAMPA

FL

85 Zip Code

33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Iron Miller FRAN Miller

4/3/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MILLER, FRAN  
STREET ADDRESS 2804 BEACH DRIVE  
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME REID, DEBORAH K  
STREET ADDRESS 616 HALLIEWOOD AVENUE  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED Iron Miller

4/3/97

813 288 89 59

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0366760

CR2E034 (9/96)